

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007454

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

383 5655 221

FILED FEB 27 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mt. Vernon		c. CITY OR TOWN Fulton	
Length of stay in 1b 205 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		d. STREET ADDRESS (If outside, give location) 307 W. 14th	
3. NAME OF DECEASED (Type or print) First Frank Middle Elmo Last Brooks		4. DATE OF DEATH Month February Day 21 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-21-11
9. AGE (last birthday) 51	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming, maintenance		11. BIRTHPLACE (City and state or country) New Bloomfield, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13. MOTHER'S MAIDEN NAME Mollie Elizabeth Trammell	
13a. FATHER'S NAME John William Brooks		14. NAME OF HUSBAND OR WIFE Daisy Lee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Hospital Records, Mo. S.S., Mt. Vernon, Mo.		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Peritonitis DUE TO (b) Mechanical perforation of colon DUE TO (c) [REDACTED] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary tuberculosis, far advanced		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. Month, Day, Year [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Fulton	
21. I attended the deceased from 8-1-62 to 2-21-63 and last saw him alive on 2-21-63 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS Mo. S. S., Mt. Vernon, Mo.	
22a. SIGNATURE [Signature] (Degree or title) M.D.		22c. DATE SIGNED 2-21-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE 2-24-63	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	23d. LOCATION (City, town, or county) (State) Fulton Mo.
24. FUNERAL DIRECTOR [Signature] ADDRESS [REDACTED]		25. DATE RECD. BY LOCAL REG. 2-25-63	
26. REGISTRAR'S SIGNATURE [Signature]			

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Leon Dale Taettmann

Licensed Embalmer No. 5202

P. O. Address Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.